**FORM PTO-1083** 

Docket No.: 200.1133CON5 Date: December 23, 2009

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

In re application of: Benjamin OSHLACK et al.

Serial No.: 10/700,906 Filed: November 4, 2003

For: TAMPER-RESISTANT ORAL OPIOID AGONIST FORMULATIONS

Sir:

Transmitted herewith is a	Supplemental Res	ponse (6 pages)	in the above-identifie	d application

Transm	itted her	rewith is a Supplemental Response (6 pages) in the above-identified application.			
	Petit	nsmitted herewith are: ion for extension under 37 C.F.R. 1.136 mr receipt postcard sr:			
	Filin	ck(s) in the amount of \$\text{ is/are attached to cover:} \\ illing fee for additional claims under 37 C.F.R. 1.18 \\ etetition fee for extension under 37 C.F.R. 1.136 \\ ee set forth in 37 C.F.R. \\$1.17(p) \\ therefore the control of the control			
		ommissioner is hereby authorized to charge payment of the following fees associated with this unication or credit any overpayment to Deposit Account No. 50-0552.			
	$\boxtimes$	Any filing fee under 37 C.F.R. 1.16 for the presentation of additional claims which are not paid by check submitted herewith.			
	X	Any patent application processing fees under 37 C.F.R. 1.17.  Any patition fees for extension under 37 C.F.R. 1.136 which are not paid by check submitted herewith, and it is hereby requested that this be a petition for an automatic extension of time under 37 C.F.R. 1.136.			

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